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On Christmas Day in 1939

Most nurses agree that a hospital is a happy place to spend Christmas. The evergreen garlands never seem incongruous nor the sparkling Christmas trees out of place. Sometimes the Feast must be kept in the shadow of suffering and anxiety and yet the gaiety is neither forced nor brittle. Indeed, the Day itself takes on a deep significance which is harder to come by outside hospital walls.

It is under this shadow that the British Commonwealth of Nations must celebrate Christmas in a year marked by such terrible events. Nevertheless the English, according to their ancient custom, will hang up holly and mistletoe, sing carols, greet their friends, and eat as much plum pudding as rationing cards permit. The overseas mails may be a bit late but, thanks to the British Navy, will arrive in due season. There will be fewer trains than usual, but Aunt Mary will come in from the country for dinner, gas mask on one arm, and knitting bag on the other. Tall young adventurers from the Dominions, wearing the uniform of the Royal Air Force, will be marched off to Early Service by proud hostesses, like so many captives of war.

Events move so swiftly these days that before the ink is dry on the paper, the written word may have lost all meaning. We do not know what may happen between mid-November and Christmas Day but, if with a gentle gaiety they keep the Feast in England, we surely can do no less in Canada. Although we are still too far away to feel the full impact of the terrific forces now let loose upon the world, every day brings a keener realization of their strength and magnitude. Nurses, better than anyone else, know that even in everyday life it takes courage to be gay. This is Christmas Day in 1939—yes—but Christmas just the same.

New Headquarters for the "I. C. N."

In July of this year, the President of the Canadian Nurses Association, Miss Grace M. Fairley, attended a meeting of the Board of Directors of the International Council of Nurses, in London. At that time, it was hoped that the crisis might be averted but the outbreak of war has made it necessary to take measures which will protect the interests of the International Council of Nurses.

Greatly to the regret of the Board of Directors of the International Council of Nurses, its very able Executive Secretary, Miss Anna Schwarzenberg, has found it necessary to request an indefinite leave of absence. Under these circumstances certain adjustments became necessary and the following announcement has been made by the President of the International Council of Nurses, Miss Effie J. Taylor:

Taking all things into consideration it was deemed advisable to act upon the suggestion made at the Board Meeting, to transfer headquarters to a neutral country. Since the President was resident in the United States, and Miss Banwarth, the Assistant Secretary, is an American citizen, it seemed, according to our best judgment, wise to set up a temporary office in this country, with the official address that of the President, 310 Cedar Street, New Haven, Connecticut, U.S.A. Accordingly, Miss Calista Banwarth sailed for America with the necessary records and equipment to carry forward the essential work of the I. C. N. and arrived safely in this country on October 22 after a long and anxious voyage.

While for the time being it will not be possible to engage in much of the creative and research work outlined by our able Executive Secretary and the Chairmen of Committees, it is our desire to keep in touch with our members. We trust this will be accomplished by frequent correspondence and in spite of dissension among the several nations of the world, we may not forget, that as nurses, we are International in spirit and in our purpose.

The October issue of the 1939 International Nursing Review is now at the printers and should be delivered to all subscribers in a short time. It is doubtful that any other issue will be forthcoming in the near future. As a means of imparting information and keeping alive the interest in the I.C.N., a letter will be issued from time to time and possibly a small pamphlet if conditions warrant this undertaking. Subscriptions which have been received for the coming year will be carefully entered and placed to the credit of the subscriber towards the future issues when the publication of the Review will again be possible.

As far as possible the President and the Acting Secretary will keep the member countries informed of what is accomplished. It is also requested that in as far as possible, each country will keep the I. C. N. office acquainted with the activities that are carried on in the respective countries, and in addition suggest means as to how Headquarters can be of most help and service during this time.

The objectives of the International Council of Nurses are clearly defined, far reaching and inclusive in their implications. With courage, loyalty and vision we will uphold our ideals until, God willing, we may clasp each others hands and meet again.

It is good to know, in these troubled times, that the headquarters of the International Council of Nurses are established in an environment where the Council may function effectively now that the perilous voyage is over. Best of all, the intangible treasure of the International Council of Nurses is in the capable hands of a woman who understands its spiritual significance. Our International President, Effie J. Taylor, will hold it in her keeping as a sacred trust.

Nursing on the Gaspé

ADELAIDE M. HAGGART, M.A.

In the June issue of *The Canadian Nurse*, Mrs. Philip Carrington, wife of the Lord Bishop of Quebec, described the origin and organization of the Mary Shaw Barrow Nursing Service which is operated in connection with the Anglican Mission at Malbay on the Gaspé peninsula. In this brief article I will try to give you an idea of the nature of the work which has been done since I took charge in June of last year.

To begin with, all preconceived notions as to the line of attack had to be disregarded because each situation was unique and therefore had to be worked out as best I could. The prime reason for starting a nursing service was to help the English Protestants, living in the district served by this mission, to attain a higher standard of healthful living. Maternity work, both pre-natal and at the time of confinement, was a major objective and this service was to be made available for English and French, Protestant and Roman Catholic.

It was somewhat disconcerting to find that the homes of the people were widely scattered along the winding road which follows the coast-line fairly closely, and that there were, therefore, no villages. This meant that there was little hope of holding meetings, because many of the people have no means of transportation other than their own feet. Some mothers had too many children to leave — as well as too much work — and bad

weather puts a damper on most activities. House-to-house visiting appeared the most practical method of learning about the housing conditions and the economic status of the people. Such visits also made it possible to estimate the number of pre-school children, and to establish contacts for maternity work.

The Malbay mission extends over a distance of about thirty-two miles in length, and how was I to visit all these scattered families? I began by using the oldest method known to man: I started out on foot, and since then have walked hundreds of miles and, though you may not believe it, this strenuous exercise does keep one in good physical condition.

The mail couriers were very obliging, and when travelling with them transportation charges were not nearly so high as by automobile. Rail service was available for each end of the district,

TRANSPORTATION BY OX-CART

but this meant staying all day or even over-night. Please do not imagine that such travel is comparable to the Montreal-Toronto flier. The swaying and jolting belongs to this line alone, I am sure, although the picturesqueness of the landscape helps to while away the dreary hours of a tedious journey.

What were some of the things I discovered? Well, on the whole, I found that the larger the family, the smaller the living quarters. It is fairly common to find quite large houses in which only two or three rooms are fit for occupancy. Sometimes there are three generations living under one roof, or even as many as three or four families. I have seen eight persons dwelling in one room, fourteen in three rooms, and have heard of even worse situations. It is customary in some families to have a new baby at least every twelve or eighteen months. The largest Protestant family I have met numbers twenty-one, nine of whom are dead. The head of another family (by two wives) has twenty-two living children.

Some families cannot clothe themselves suitably to meet the severe climatic conditions, and many of them, especially the children, seldom go out-of-doors in winter because of this lack. Schooling suffers as a result, and cotton clothing and bare feet are a common sight in many homes even on the coldest days.

The soil is not very fertile — perhaps because it has been farmed for so many years and little in the way of fertilizer has been put back into it. Fish-heads and herring are used for this purpose in some places and the odour of rotting fish is indescribable — one has to "feel it" in order to experience it — and the breeze carries it for some distance, too. Much of the land is boggy and drainage would be necessary to make it fit for cultivation. The land is divided in such

a way that many families have not sufficient pasture to keep a cow. The lack of farm animals is very evident and, in fact, one could scarcely call this farming as compared to other areas in the Province or the Dominion. Frequently, the vegetables are all used up by the end of March and bread becomes the staff of life. In some families, white bread and molasses appear to be the chief diet all the year round. The price of fruit is almost prohibitive for most people as there is such a long haulage from the large centres. There are some wild fruits and these are gathered in season, but much more could be done in the vegetable line if the people would only realize it and put forth the necessary effort.

Partly due to mal-nutrition, dental caries is very prevalent. Even two-year-old children have teeth decayed almost to the gums, and teen-age youngsters begin to consider false teeth. Since there is only one dentist to care for a territory of over sixty miles, one certainly cannot expect much else than extraction. Of course, great numbers could not afford dental care in any case, and so the situation goes on.

These conditions are not all due to lack of effort on the part of the people themselves, but are partly economic in character. Last summer, fishermen received $1.85 for two hundred and thirty-four pounds of codfish, and many would not break even at the end of the season were it not for the bonus offered by the Government. This bonus is granted to those who bring in more than a specified amount of fish during the season.

On property after property there is an utter lack of toilet facilities of the most rudimentary kind, and in August a form of dysentery is prevalent. Some call it the "St. Lawrence fever" and say that it starts up as soon as the fresh vegetables

THE WINDING ROAD

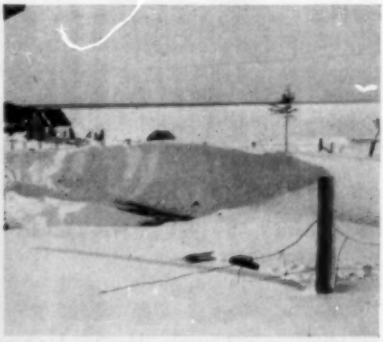
are ready to be eaten. Why should this be? There seems to me to be a connection between the lack of toilet facilities and this disease, which may be paratyphoid. Flies are more than plentiful and no doubt these insects have their share in the spread of the malady.

The poverty which results in malnutrition, over-crowding in homes, and the lack of proper care of physical health makes a fertile soil for tuberculosis. Quite a number of active cases were found, several suspicious cases requiring a check-up, and a history of many deaths from the disease. I found that the disease either had been or was present in practically every house. In one family there had been four deaths, all under thirty years of age, in the past five years.

There is a County Health Unit at Gaspé, and one of the doctors specializes

in tuberculosis. Every second and fourth Friday in the month, free chest examinations are available, including X-ray, but it is surprising how difficult it is to persuade people to make use of these opportunities. Some think that if they find out that they have the disease they are, therefore, doomed to die of it. Predestination seems firmly fixed in the minds of many, and I have seen a few patients who give up all hope and pass on without giving medical aid a chance to help them. Few tubercular cases realize how they endanger the lives of others by their careless habits. Last summer I happened to enter a house where such a person was having his noon meal. A swarm of flies arose from the table, and the sugar bowl must have been half full of them. No amount of persuasion could make this person see the benefit of sanatorium care — he would rather die at home. However, I did manage to send one young lad to an institution where he is now progressing favourably.

It is logical to suppose that work done among the rising generation will be more profitable and since September, 1938, each of the five Protestant schools in the mission district has been visited monthly. One aim is to inculcate health habits and some progress has been made. In two schools, considerable under-



TREES MARK THE TRAIL

weight was noted and, thanks to donations received from friends of the nursing service in Quebec City, it was possible to provide biscuits and cocoa (made from Klim) each morning. Unfortunately, the plan was discouraged in one school so the children lost the opportunity, but in the other the experiment showed there had been a gain of weight in almost every case. One might wonder why Klim was used — it was simply because sufficient milk was not available. Few homes have the amount they ought to have, and some have none at all.

Considerable pre-natal visiting is done but at the time of confinement, although a large number call upon the doctor, they cannot seem to realize that the presence of a nurse would also be beneficial. If the doctor be not available, neighbour women carry on. This phase of the work has, therefore, been rather discouraging, but one cannot force the issue.

In the course of my travels I have come across defects in children which can be remedied by surgery, and the Junior Red Cross has been a marvelous help in placing these children where they may receive it. Quite a number have had tonsil and adenoid operatio through the good office of the same Society, and improvement in health has been noted in practically every case. It required much persuasion to make some parents see the value of such measures although very little responsibility, financial or otherwise, rested on their shoulders. Caring for ten children of various ages on the third day after operation during a rail journey of two hundred miles is not altogether a pleasure trip. The Red Cross Society and the Provincial Chapter of the I.O.D.E. also sent a liberal supply of cod liver oil. There are some cases of rickets, and I should like to see the Government take over the

distribution of cod liver oil by selling it at cost price to the people on the coast.

In September of this year I made my first visit to Bonaventure Island, which lies in the Gulf of St. Lawrence about two miles from Percé Village. The west side, facing the village, is sloping ground, and is used for farming, while the remainder of the island is heavily wooded with evergreens. Eleven families, mostly French, live here. The far shore and the northern portion of the island have rugged almost perpendicular cliffs, some of which are two hundred and fifty feet above sea level. This island is a bird sanctuary, and gulls, gannets, auks, and cormorants may be seen. The number of gannets is estimated at over nine thousand. They are much larger and heavier than the gulls and have long black-tipped wings, and a yellow area about the neck. The gannet belongs to the pelican family, as does the cormorant which is entirely black in colour. Only the most rugged parts of the cliffs are used by the birds as nesting places. The narrow sandstone and conglomerate ledges are white with them, while in the air many are circling and screaming. If you turn off the motor, you can hear the rush of wings and the hoarse cries of thousands of birds and, if you watch carefully, you may see an old bird carrying fish to its young on a ledge. The young gannets are awkward and heavy and even the adults cannot rise gracefully from the water as does a gull. Certainly this Island is a refuge far removed from the haunts of man where sea-birds may safely rear their young.

It is always difficult to get people who might benefit from the nursing service to avail themselves of it. It is understood that people should come to me if they desire assistance, but even when they have no means of transportation they seldom use the telephone. However, there are some fine families in this district who realize the value of a nursing service in the community and frequently make use of it. Once the snow comes to Malbay, cars have to be put away and the horse and sleigh or the dog-sleigh, comes into action. As a rule, when it snows here there is a veritable blizzard, for the winds are fairly constant. How the snow drifts! I have seen horses up to their necks, and have been in myself up to my shoulders.

IN WINTER GARB

It is not a pleasant sensation to have snow freeze to one's face, and to have your eyes freeze shut as happens sometimes. To retain body heat, one has to dress in such a way as to prevent the penetration of the wind. "Woollies" form a basic foundation, and travelling would be almost impossible unless one wore slacks. What a blessing zippers were in shirts and vests, the latter chamois-lined! For walking, a plush-lined

leather coat and helmet with ear-lugs was sufficient (see illustration) but for driving a fur coat had to be donned on top of all this. I did look almost as broad as I am long. Foot-wear was also a problem but I found that two pair of woollen hose and moccasins with sheepskin fillers provided a solution.

The roads are "blazed" with evergreen trees and, as the snow mounts, more trees have to be added. Unless this is done no road bed could be followed. This is indeed a part of our country where winter comes in earnest, and where Canada may justly be named "Our Lady of the Snows".

"Queens and Sweets"

CHARLES K. P. HENRY, M.D., C.M.
Montreal

The theme of my address is "Fats and Pickles, Queens and Sweets, Obesity and gall stones". The first physician to describe gall stones was Gentile de Foligne, born towards the end of the thirteenth century, who became a professor at Padua and died in 1348 of the plague. He performed many autopsies and I quote from a report of one of these records: "In the gall bladder many stones were seen in a certain woman, (and) in the duct of the gall bladder at its mouth, a stone tending to green, from which with right (he) remarks that there was jaundice present". Undoubtedly, this is a case of obstructive jaundice due to a stone impacted in the common duct.

Gall stones were first described by Gentile *in a woman*—and ever since surgeons have been finding them in what is usually considered the "sweeter sex", and, unfortunately too, the "fatter sex"! Gall stones are, moreover, no respecter of persons. In 1528 it is reported "a *noble* woman was troubled many times during the day with a pain arising in the neighbourhood of the liver (the gall bladder obviously), had consulted many doctors, moreover by no aid could she escape this malady". She died, and the autopsy reports she had many stones, of different sizes, shapes and colours, "marked with red, yellow and white spots". Another *noble* lady, Diamantes by name, died of the same disease and in her body in the walls of the gall bladder, in little pockets were found gall stones, and a great many in the gall bladder cavity.

In 1581, I find an excellent account of obstructive jaundice; the observant clinical nurse will recognize the accuracy of this description:

> The obstruction is either in the duct by which the bile is led away from the liver (the hepatic duct) or of that by which it is discharged from the gall bladder into the intestine (the common bile duct). In both, the bowels are obstinate and sluggish, faeces whitish, the urine is reddish and thick, so that it frequently becomes dark, the bile diffused with the blood throughout the

whole body disfigures the skin with jaundice.

Is that not a good description, written over 350 years ago, of a case of obstructive jaundice due to stone?

Now, these ancient writers offered a suggestion that gall stones were often found in those who were prone to anger and outbursts of violent temper, hence our word, "choleric" or "choler"—anger, heat or hastiness of temper, as given in the dictionary. But all the pathologists report that the stones are found "chiefly, in women, who are pretty far advanced in life." Remember, that in those days, (1300—1500) "advanced in life" meant far from what it does today, when the span of life has been advanced well beyond the three score years and ten. In those days 40 years was old, and in women over 40 years of age today we find that about 40 percent have gall stones. It would be most unwise for me to suggest that violent tempers are the cause of gall stones even though they occur three times as often in women as in men!

However, another observer in 1769 or thereabouts, accounts for the frequent calculi of the gall bladder, which he "found in criminals who had been long confined to prison", to the lack of muscular action. He adds another interesting observation: "that a great part of the women in the lower classes of the people do not lead a very sedentary life" and, as a corollary, gall stones are more common in the *noble* women. High living, a fat and fulsome diet, little muscular exercise and a sedentary life—these cause more gall stones than all the fierce passions and outrageous fits of temper. Hence, our "Queens and sweets, their obesity and gall stones."

Morgagni, famous for the valves that bear his name and the hydatid cyst that goes by his name, reported what was to him a curious case in a woman, where he found 330 stones in her gall bladder. He also observes, but fails to note the importance of his remarks, "that she was almost sixty years of age, was not far from having an icteric (jaundiced) colour, but endowed with a very good complexion, was much given to drinking, and had been seven times married". He fails to state how many children she had had!

And now we approach our modern conception of the disease. Today a man is a poor physician unless he is a good chemist. He must account for the established fact that about 60 percent of women who become obese had acquired excess weight before the age of thirty. At the age of 40 more than three-quarters were overweight; whereas only 25 percent of men were overweight at 30 years of age, and only one-half of the men were overweight at 40 years. The Talmud states: "More diseases are caused by overeating than by hunger" —and diabetes and obesity are most common in the Hebrew race, whose sacred book I quote.

And now we advance another suggestion, the law of the conservation of energy. All obesity cases have one thing in common—a disproportion between the intake of food and the expenditure of energy. The more you eat, the more energy must be used up to prevent the accumulation of fat and weight. The chemist tells us that during pregnancy there is an undue elevation of the cholesterol in the blood and we know weight is rapidly put on too. Cholesterol is the usual nucleus of a gall stone in its earliest formation. Gall stones occur about five times as often in the woman who bears children as in the nulliparous woman.

Life insurance statistics show us that the average duration of life is steadily

increasing. In 100,000 people at age of 40, who are of normal weight, slightly more than one-half will live to the age of seventy. Of those who are 35 percent overweight a little over one-third will live to be seventy, and of those who are 50 percent overweight only a few over one-quarter will ever see seventy. Fat people are poorer surgical risks, especially appendicitis cases and those with acute inflammatory diseases requiring surgery, as boils, carbuncles and gangrene. Cancer, too, is a more difficult problem in the fat individual and I believe its incidence is higher in this class of patients.

Cerebral apoplexy, coronary thrombosis, duodenal haemorrhage may come upon you suddenly—like a thief in the night. Obesity, gall stones, diabetes, creep up slowly, usually with many a preliminary warning signal. Our railroad danger signal, with its "Stop, Look and Listen", may have its corresponding health safety signal—"Step out, eat less, cut sweets"!

And where, you ask, do the *pickles* come in? Usually as hors d'oeuvres, gastric stimulants to increase the gastric flow, to further the desire for foods, and more food. Condiments, sauces and spices, cocktails and caviar, olives and celery, almonds and cheese—are not so much articles of diet as appetizers which stimulate the desire to eat.

May I recall to your minds an old childhood rhyme:

What are little boys made of?
Of snakes and snails and puppy dogs' tails!
What are little girls made of?
Of sugar and spice and all that's nice!

You see that "Fats and Pickles, Queens and Sweets, Obesity and Gall Stones", is an odd combination, perhaps, but certainly there is a close relationship between its component parts.

Editor's Note: This article is the substance of an address delivered before the Alumnae Association of the School of Nursing of the Montreal General Hospital.

NEW ZEALAND POSTPONES CELEBRATION

The New Zealand Registered Nurses Association had planned to hold special celebrations in 1940 in honour of the Centenary Year of the Dominion of New Zealand. The annual general conference of the Registered Nurses Association was to have been held in Wellington and Canadian representatives had been invited to attend.

Owing to the war, the Association has now decided to cancel these arrangements and in a letter addressed to the president of the Canadian Nurses Association, Miss Grace M. Fairley, by the secretary, it is announced that the conference will not take place.

Canadian nurses sympathize with the nurses of our sister Dominion in their natural disappointment but we are sure that the day is not far distant when the nurses of the British Commonwealth of Nations will meet once more in unity and peace to take counsel together.

Difficult Times in China

L. Clara Preston

When I think of the difficult two years the nurses of China have had, I often wonder whether nurses in Canada really appreciate their opportunities. We had just started our nursing work in Changte when the work had to be closed early in 1927. Our hospital was looted and very little was left but our buildings, and even the doors and window frames had been taken and probably used for fire-wood. In 1931, we started up again in a small way by rehabilitating our buildings and equipment. We welcomed back some of our former workers and started to train some new ones. In 1932, a central training school was started in Weihwei under the capable leadership of Mrs. Ratcliffe and our first class of three went to Weihwei for five months. Our hospital work grew in every department until, in 1937, most of our dreams seemed to have come true.

Ours was a four-year course and we graduated our first class in 1936, and our second in 1937, but before our third class could graduate the undeclared war had broken out and our hospital was in the front line of battle so our training school was closed and our pupils and nurses were scattered to many different provinces. "Scattered" is only a word — but think what it meant to our nurses. They started off not knowing where they were going, many not able to get into touch with their home-folks. They were short of money, having to travel on crowded refugee trains, living in relief camps, always in danger of constant bombing. There was not even time for them to get their records of class work and marks, and their dream of graduating and being independent and able to help their needy families could not materialize. As the three students in our third class had already passed our hospital examinations and had had the necessary practical work, we gave them our diploma and later they received the diploma awarded by the Nurses Association of China.

For a year, during the trouble, the hospital work was bravely carried on under difficulties and when Miss Menzies (now Mrs. J. Lewis) returned from furlough, she was able to reorganize the nursing work again. Gradually students and nurses returned and when I returned from furlough in March of this year, we had four graduate nurses, two students in their third year, four girls and one boy in their second year, and a new class of six girls and two boys in the preliminary course. They were an exceptionally nice group of students, but because of crowded wards and limited staff, their class work had to take second place and they had to assume a good deal of responsibilitiy on the wards. There was much need for nursing service and our wards served not only Chinese but Japanese and Korean patients and we had great hopes for the future.

In June, Miss Menzies was married and I was to take my holidays, leaving our senior nurse, Miss Jen, in charge. Floods came and disrupted the railway service and my three weeks lengthened out to seven weeks before I was able to get back. How wonderfully Miss Jen measured up in that difficult time! She was a real leader for those pupils and we were indeed proud of her.

Rumours were in the air but we thought they couldn't apply to us; then our hospital was picketted; patients were

not allowed to come; our staff was intimidated. A few left then but the majority of them remained at their posts. The days passed and for a few weeks, there was little change and we felt that the earnest prayers of the staff must be answered. Then the day came when all the patients had to leave, regardless of their condition. Not one of the staff, nurses or servants, were allowed to remain. It was dangerous to have any contact with us. Then our front gates were burned, bombs were thrown into the compound and our lives were threatened so that at last we decided it was best to leave. Best to leave a work that had stood for health and healing for nearly fifty years to rich and poor alike.

Although heart-sore and discouraged, the loyalty of the staff and the sympathy of the people were much appreciated. Two of our nurses had gone home earlier for their holidays and on account of floods the bus could not run, so they started out early one morning for this two-day trip on foot, accompanied by their mother and their aunt and a man to escort them. They had real cause to be afraid, because they started knowing well the danger of floods and bandits. Hearing of our plight after they got home, these two nurses walked back two days in the heat to offer Dr. McTavish and I refuge in their home and village, although it meant real danger to them. We only had time for a few hurried words, as we were watched by the guard, and it was with tears in our eyes that we thanked them but told them it would not be wise. We can never forget that offer, and it wasn't the only one.

What future have these nurses? When shall we see them again? That is still a question. But passing through the deep waters, has given us something prosperity could never give and we are persuaded that neither death nor life nor war, nor things present or things to come shall be able to separate us from the love of God, which is in Christ Jesus, Our Lord.

SILVER JUBILEE IN SOUTH AFRICA

The Silver Jubilee of the South African Trained Nurses Association was to have been celebrated in Bloemfontein during October and Miss Anna Schwarzenberg, secretary of the International Council of Nurses, had already arrived to take part in the happy occasion when the outbreak of the war cancelled the celebrations.

Although the high hopes of the Association were doomed to disappointment it is encouraging to note that *The South African Nursing Journal* proceeded with the publication of its special Silver Jubilee number. This proves to be a mine of information concerning the inception and early history of the Association and in an article entitled "Yesterday, Today and Tomorrow", the president, Miss B. G. Alexander, R.R.C., gives a vivid picture of the early days. In "The Story of the South African Trained Nurses Association" the progress of the Association is traced by summarized accounts of the successive meetings of the Central Governing Board. Courage, energy, and enthusiasm shine out from every page of this honourable record and Canadian nurses hope that when the present ordeal is over, our African sisters may yet celebrate their Silver Jubilee when peace once more brings gladness.

Practical and Feasible

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In January 1939, at the St. Catharines General Hospital, we were privileged to discuss our public health teaching programme with the Provincial Supervisors of the Victorian Order of Nurses, the Provincial Division of Public Health Nursing and the Division of Nurse Registration. These three Supervisors are frequently consulted, throughout the Province, concerning opportunities for observation and experience for student nurses in the public health field. The aim of this conference, therefore, was to examine the existing programme for community experience "in order to visualize, in common, something *practical and feasible*." In addition to the visiting supervisors, there were present the public health nursing supervisor for the city, two members of the local branch of the Victorian Order of Nurses and the director, the assistant director and the instructor of the Nursing School. It was thought that the conference was mutually beneficial.

Before describing the plan under discussion that day, something might be said of the background against which it is carried out. St. Catharines is a city of 28,000 with a suburban population of 25,000, situated in the historic Niagara Peninsula noted for its fruit and vegetable growing, and close to the Welland Ship Canal along whose course so many industries have been established in the adjacent towns. There are forty-seven factories in the city with an annual industrial payroll of over seven million dollars. About ninety percent of the population is "Empire-born", but this includes the children of those who have come from at least twenty different countries. Among the newer Canadians, the largest groups are of Armenian, Italian, and Polish origin. There are over five thousand children in the public and separate schools and over thirteen hundred in the Collegiate Institute.

In 1937 a generalized service, under the Department of Health in co-operation with the Board of Education, was inaugurated for a trial period of three years. Under this set-up, nurses doing school work, tuberculosis, venereal disease and general public health nursing are all brought together. The staff of the Department of Health includes the medical officer of health, the school health officer, five public health nurses (one, the supervisor of public health nursing), one food inspector, one sanitary inspector and one administrative secretary.

Others co-operating with the Department of Health are the Victorian Order of Nurses, the Red Cross, the Rotary Club, the Lions Club and the Associated Charities. A dental clinic is carried on for relief cases and those of inadequate income. The other clinics held at the Hospital include the venereal disease clinic, the mental health clinic staffed by a visiting group from the Ontario Hospital in Hamilton, and the child health and chest clinics under the Department of Public Health. This does not include the staff at the Niagara Peninsula Sanatorium, one of whose public health nurses does tuberculosis work in the city.

The programme of health teaching, described in the following paragraphs, thus varies according to opportunity where emphasis and the timing of cer-

tain experiences are concerned, so at certain points proposed changes will be indicated. The plan has been found to be workable when carried out with the co-operation of the Department of Health and others interested in the well-being of the community.

First Year: The student is introduced to her new life by hearing the story of the growth of the hospital, in its community setting, from a four-bed institution in 1865 to one of one hundred and sixty-eight beds in a city which has nearly trebled its size and which, because of its situation, provides richness of experience in meeting people with greatly varying backgrounds. An effort is made to have her think of the hospital as a place where one comes in contact with "the stages of all life", including family and community connections, rather than as a place existing merely for the care of the sick. She is told of the personnel and work of the clinics for out-patients as well as of the departments giving care to those resident in the hospital.

In teaching the principles and practice of nursing, emphasis is placed upon their application in home situations by making patients in whom the students are interested the subjects of what might be regarded as informal, verbal forerunners of case studies. Bacteriology is introduced early in the course in order to stress its housekeeping implications and to emphasize the necessity of learning to give nursing care which will ensure safety for others and for the nurse herself. Simple experiments are done, such as making cultures from ward washbasins and residence bath-tubs, machine-washed dishes and the cup rinsed under the tap. More detailed work is undertaken later in the junior year.

An effort is made to have the student appreciate the significance to herself of each phase of health service, such as the physical examination, the completion of the immunization programme begun before her admission to the school, tuberculin testing, chest X-ray of positive reactors, monthly recording of weight and early reporting of illness. A discussion of health-care of one's self leads to consideration of its necessity for other age-groups in the community and to a very simple study of the health services which are available.

Of particular value to the young student are her conferences with the psychologist and the social worker of the Mental Health Clinic. These are completed during the preliminary term if possible but sometimes the pressure of "real patients" at the Clinic necessitates postponement until later. The Bernreuter Personality Inventory is given and scored by the instructor and may be discussed with the student. The psychometric findings and recommendations of the clinic are on file in the Training School Office and suggestions are available, when indicated, which will enable the head nurse to help the student adjust herself to new responsibilities. The young nurse profits from an opportunity to discuss her problems with trained people who, though outside the close integration of the nursing school, are yet familiar with it. If it is deemed advisable, the clinic follows her progress during the period of her adjustment. During the junior year, the psychologist gives a series of six lectures having to do with the student's mental health.

Communicable disease nursing technique is reviewed by the instructor and, in the course on dietetics, normal nutrition is stressed by the dietitian who requires each of the students to check her own meals for one week. Visits to the dairy and municipal filtration plant, which were formerly made in the senior year, are now planned for the first year.

The students have two days of community experience, arranged by the Department of Health, during the latter part of the preliminary term. The present plan is to have one morning spent in obtaining a bird's-eye view of the child at school and the rest of the time in making family visits. It is hoped that one-half day with a Victorian Order nurse may later be arranged. A visit to the Child Health Clinic at the hospital may be made whenever convenient. This "community experience" is much appreciated and the students' subsequent comments show the variety of impressions received. One common remark is that they have learned how far advanced recovery should be before patients are discharged to carry on under adverse home conditions.

By way of special emphasis in the first year it is hoped that, in conference with the Director of Public Health Nursing, arrangements may be made for each student to make a nursing case-study of a patient whom she has known in the hospital and visited in her home.

Second and Third Years: The health-teaching for the final two years will not be discussed separately because some of the special experience, notably the two-months tuberculosis nursing at the Niagara Peninsula Sanatorium, may come in either year. Experience in communicable disease nursing is also given in the isolation unit of the Hospital as opportunity arises.

In the second year, with its comparatively heavy curriculum, health-teaching in relation to prophylaxis is an integral part of the various subjects. The lectures in venereal disease are given by the physician in charge of the clinic, while the nurse doing social work presents her field. Communicable diseases in general are discussed by the medical officer of health, and the lecturer in paediatrics deals with the handling of the normal child as well as with the nutritional aspects. The nurse in charge of the obstetrical ward emphasizes the preservation of health in the course of her lectures in obstetrical nursing.

The monthly checking of weight, repeated tuberculin tests, and chest X-ray continue during the second and third years. There is a special examination by the Sanatorium staff before the student goes there for her experience in tuberculosis nursing, and she has a final physical examination before leaving the school. During the third year, special emphasis on health-teaching may be found in the discussion of the prevention of mental disorders included in his course by the psychiatrist of the mental health clinic, while the psychologist gives a further course of six lectures dealing with mental, emotional and social growth, including a discussion of the needs of patients and nurse.

The medical officer of health discusses his field under the headings of records and statistics; history and local set-up; public health education, stressing the local programme; and industrial and school nursing. One-quarter of the course in obstetrics is devoted to its health-maintaining aspects by the lecturer in this subject. The medical staff and the superintendent of nurses of the Sanatorium discuss the various aspects of the tuberculosis problem and the student is made vividly aware of the part played by the public health nurse in reducing the incidence of this disease. A second nursing case study is expected during the third year.

For the past year each senior student has had a month's experience "on public health". Variations in the way the month is spent are expected to occur, but at present, the following plan is followed:

Two days from 9 a.m. to 3 p.m., and two afternoons at the chest clinic are spent with

the nurse doing tuberculosis work. This includes visits to as many different types of homes as can be arranged (possibly eight) and a discussion of records and their purpose.

Ten days in the schools. Henceforth one or two mornings at the Collegiate may be included.

Four days with the Victorian Order of Nurses, observing general bedside care and at least one delivery and two if possible, the nurse being on call if she has not opportunity to observe a case during her time on duty.

One day spent with an industrial nurse in one plant.

Experience during the remainder of the time includes: infant and pre-school work, including a child health clinic with the public health nurse; two dental clinics; eight venereal disease clinics; two staff conferences with the Medical Officer of Health; three mornings at the desk in the Department of Health (this includes toxoid clinic and vaccinations) as well as several conferences with the supervisor of public health nursing.

By the measures enumerated—classroom, ward, and community experience—it is hoped to give the undergraduate student a background of health teaching which may be of use to her in whatever branch of nursing she later chooses to work.

Flags in the Wind

On the Day of Remembrance the skies were blue in Montreal although a bitter north wind was blowing. A new spirit was abroad—perhaps that which found expression in the Proclamation issued by the Mayors of Canada in which the significant statement was made that national interest must be put before personal profit if we are to achieve a lasting unity and purpose.

Quite early, a large crowd had gathered in Dominion Square to watch the troops take their places before the Cenotaph. The various regiments converged from the streets surrounding the Square, marching briskly to the stirring music of their bands. A goodly company of the Overseas Nursing Sisters Association proudly displayed their Service medals, and the standard bearers of the I.O.D.E. made a bright patch of colour. Two flags were borne aloft by little groups of men, silent and tight-lipped, who held them firmly so that they streamed out in the keen wind. They were the banners of Poland and Czecho-Slovakia.

A very small boy and his mother stood beside us on the kerb, eagerly waiting for "Bill". Presently his unit came by, and his little brother gazed at him admiringly as he marched along in his stiff new uniform. "I'm glad they've got them the overcoats at last" said his mother. "His suit was pretty thin. He's a good boy and tried so hard to find a job. He tells me to cheer up because the one he has now ought to last a month or two."

The service began but we were too far away to hear more than the murmur of the prayers. Then they sang "Abide with me", with great tenderness and feeling. After that a gun was fired, the Last Post was sounded, and the Silence began. The little boy was troubled and

asked his mother why everyone was so quiet. But she could not answer him.

Then came the Reveille and the bands played "God Save the King" and "O! Canada". The Montreal Mounted Police, on their restless chestnut horses, clattered into position, dogs barked, a man's hat blew off and everybody laughed.

The regiments began to move away, and the last thing we saw was the Union Jack and, close behind it, the flags of France and Poland and Czecho-Slovakia. The wind blew harder and colder than ever, but they moved forward steadily and the sun shone on them with a glorious radiance.

—E.J.

Setting a Precedent

MARGARET L. MOAG

Superintendent, Montreal Branch of the Victorian Order of Nurses

For the first time in its history the American Public Health Association has elected a woman to the high office of First Vice-President. The woman thus honoured is an outstanding Canadian nurse, Elizabeth Smellie, C.B.E., R.R.C., chief superintendent of the Victorian Order of Nurses for Canada, and first vice-president of the Canadian Nurses Association.

Miss Smellie has been a member of the Association for sixteen years and a Fellow for twelve and having previously served on the Council of Nursing, has now been re-elected to it.

The American Public Health Association is a society of professional public health workers and is the recognized and respected leader of the public health movement on the American continent. It has over six thousand members, among whom may be found some of the most distinguished names in the field of public health.

ELIZABETH L. SMELLIE, C.B.E., R.R.C.

Photo by Notman, Ltd., Montreal.

As Chief Superintendent of the Victorian Order of Nurses, Miss Smellie's duties have brought her into intimate contact with other professional organizations and lay groups throughout Canada. Her fine qualities of leadership and her exceptional ability in interpreting nursing to these groups has been outstanding, and undoubtedly this new office will give her further opportunity to promote mutual understanding and interest among those who are members of the American Public Health Association.

Canadian nurses as a whole, and the nurses of the Victorian Order in particular, feel very proud of the recognition of Canadian nursing evidenced by the appointment of Miss Smellie to this high office.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Elaine Corbett, who has been on leave of absence taking a post-graduate course in public health nursing at the School for Graduate Nurses McGill University, has been re-admitted to the Order and is to take charge of the branch at Bridgewater, Nova Scotia.

Miss Sadie Wright has been appointed to the Winnipeg staff.

Miss Verna Huffman and *Miss Julia Moody,* who have been on leave of absence from the Order taking post-graduate courses in public health nursing at the School of Nursing, University of Toronto, have returned to the Order. Miss Moody has been appointed nurse-in-charge of the Lachine Branch and Miss Huffman has been admitted to the Brantford staff.

Miss Elizabeth MacLean has been appointed to the Montreal staff.

Miss Dorothy Cotton, who has recently completed a course in public health nursing at the School for Graduate Nurses, McGill University, has returned to the Order to take charge of the Westbank Branch replacing Miss Gowen.

Miss Edith Horton has been transferred from the Toronto staff and is now in charge of the branch at Kirkland Lake replacing *Miss Hattie Hooper,* who has resigned to be married.

Miss Viola Leadlay, who has been on leave of absence taking a post-graduate course at Teachers' College, Columbia University, has been re-admitted to the Order and is replacing Miss May Deane-Freeman as nurse-in-charge of the Edmonton Branch.

Miss Hattie Empey, formerly in charge of the North Vancouver Branch, has been transferred to Montreal.

Miss Mary Gowen has been transferred from Westbank to North Vancouver as nurse-in-charge.

Miss Ellen Linton has been transferred from the Branch at Woodstock, Ontario, and will take charge of the Branch at Canso, Nova Scotia.

Miss Margaret Adams has resigned from the Canso Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Miss Helen Paterson has resigned from the Brantford Branch to be married.

STUDENT NURSES PAGE

Saint Martha's Students

Not long ago the students of the school of nursing of St. Martha's Hospital in Antigonish, Nova Scotia, hit upon a novel way of telling what *The Canadian Nurse* means to them. Each student just sat down and wrote a personal letter to the editor and from this grand pile the editorial scissors have snipped some interesting comments and suggestions. First of all, here are a few bouquets:

I like the *Journal* because it is essentially Canadian and is written in a simple and straightforward way.

Although the *Journal* is a small and unassuming affair, it does present information in a direct and entertaining manner. I learned more from one page than I did from a whole chapter in a textbook.

The *Journal* makes the student acquainted with the nursing organizations and their leaders in all parts of the world.

The *Journal* tells us about our own Canadian leaders and about the honours paid to them.

I find the *Journal* interesting because it tells of new methods and new drugs.

I particularly like articles which tell what happens to the convalescent patients when they go home.

Some excellent suggestions were made regarding topics which might be discussed under the caption of the Student Nurses Page. Here are a few of them:

I should like to know more about postgraduate courses and the benefit which may be obtained from them.

I think it would be a good idea to publish a series of articles on first-aid.

I should like to hear more about the nursing of patients suffering from communicable disease.

I should like to know more about the care of the new-born and about infant feeding.

It would be interesting to have more letters from other students telling about their joys and sorrows.

Tucked away among the letters dealing directly with the *Journal* was one which described the "Capping Ceremony" and which showed how deep an impression it had made on the imagination of the student:

I am sure you would have been impressed by the "Capping Exercises" which were held at St. Martha's School of Nursing, when nineteen probationers (of whom I was so fortunate as to be one) were accepted as student nurses. The six months of probation passed so quickly, but each day increased our love for the nursing profession and stimulated our desire to render true and helpful service. When we stood together to recite the Florence Nightingale Pledge, each individual truly meant the words that

were said, to be like that worthy ideal of the nursing profession Florence Nightingale, to be like our superiors who have shown us such an example of loyalty and unselfishness, to be real women, each with a woman's work to do.

The "gym" was decorated in blue and white, our school colours, and the lily-shaped programmes (the lily is our school emblem) revealed music and readings, a number of songs in English and French, and a rare treat which stirred the Scotch blood in our veins—a Gaelic lyric. Our superintendent "capped" us and gave us our pins and "our message" was delivered by a member of our group:

But still our place is kept, and it will keep
Ready for us to fill it, soon or late.
No star is ever lost we once have seen
We always may be what we might have been.

As one would expect in a community bearing the name of St. Martha, the support of the student group was demonstrated in a thoroughly practical way. As one student puts it: "The question arose during our class period—who owns *The Canadian Nurse?* Silence reigned, but not for long. It was unanimously decided that each of the three Classes in the School should possess a copy of its very own."

It was so ordered and continues to this day.

HAPPY OCCASION

On Sunday, October 22, members of the Alumnae Association of the School of Nursing, University of Toronto, were hostesses at a tea held at 7 Queen's Park in honour of the Director, Miss Kathleen Russell, D.C.L., and the new students enrolled in the School. The guests were received in the Common Room by Miss Russell, Mrs. George Hanna, president of the Alumnae Association, and Miss Florence Emory, associate director. Tea was served from tables gay with candlelight, autumn leaves and bronze chrysanthemums. Undergraduate students of the Class of 1939 assisted in serving.

Among the guests were the first-year students in the undergraduate course, who entered the School in September; post-graduate students in the one year courses in public health nursing and in hospital staff nursing; and the following Rockefeller Foundation Fellows: Miss M. Andrell and Miss H. Tjellstrom, of Sweden; Miss H. Berkild, Miss K. Jacobsen, and Miss I. Kjolner of Denmark; Miss A. Kansanen, of Finland; Miss M. Cleary, of the Fiji Islands; Miss M. Kaneko, of Japan; Miss I. Zaphiriou, of Greece; Miss deLemos, of Portugal; Miss H. Lyttle, of Tennessee, U. S. A.; Miss H. Kilpatrick, of Vancouver.

Miss Mary Henderson of Vancouver was also a guest of the Alumnae Association on this occasion. Miss Henderson, who was to have been Canada's representative at the International Florence Nightingale Foundation course in London for 1939-40 returned to Canada recently upon the cancellation of the courses at Bedford College. Miss Henderson is now enrolled at the School in an advanced course in the administration and supervision of public health nursing.

The happy occasion of this tea afforded members of the Alumnae Association not only an opportunity of expressing their appreciation of the honourary degree so fittingly conferred upon the Director of the School by King's College during the past summer, but also of meeting the new students and welcoming them into the fellowship of their Alumnae Association.

—D. M. P.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Canadian Nurses Association

As announced in these Notes for November, the Executive Committee of the Canadian Nurses Association have decided that, if at all possible, the Twentieth General Meeting should be held as planned at Banff Springs Hotel, Banff, Alberta, June 24-29, 1940.

Within recent weeks, whenever the next biennial meeting has been mentioned, the question "What was done in 1914-1918?" has arisen. At that time the Association met each year. The annual meeting for 1915 was cancelled but meetings were held in 1916 at Winnipeg; in 1917 at Montreal and in 1918 at Toronto. The Register for each meeting contains the names of many nurses representing the nine Provinces.

Possibly the decision that required the most courage, and indicated confidence in the future, was the purchase of The Canadian Nurse Journal in 1916 and assuming of responsibility for future publication under the direction of a part-time editor and business manager. That decision was made when the Association's total assets were less than five hundred dollars!

A resolution passed during that war period was:

> That we, the graduate nurses of Canada, in convention assembled respectfully offer our services to Canada, to be utilized in such manner as the Federal Government shall deem best in the present national crisis. If, in the opinion of the Government, conscription of nurses should appear necessary or desirable, we stand prepared to answer the call.

Also the Association pledged its willingness to supply adequate nursing service in the sparsely settled districts if the Government would provide hospitals in the needy areas and assure a living wage for the nurses. This pledge was given after the Association had expressed the opinion that the introduction of midwives into the sparsely settled districts would prove inadequate to meet the needs of the people.

The Provincial Associations which secured an Act for the Registration of Nurses between 1914 and 1918 were those in Alberta, British Columbia, New Brunswick and Saskatchewan.

With this brief review of organization activity during previous years when Canada was at war there should be no hesitancy at present in proceeding with the programmes of the National and Provincial Associations without affecting the nurses' contribution to their nation's war-time needs.

Should the Twentieth General Meeting become a reality, members are reminded that a week amid the majestic grandeur of the Canadian Rockies at Banff will prove beneficial in many ways. The Arrangements Committee (members of the Alberta Association of Registered Nurses) aided by the management of Banff Springs Hotel already have plans for an ideal meeting well advanced. Banff Springs Hotel will offer greatly reduced rates. These rates per day are: single room, $9.00; double room, $7.50 each; three or more, $6.00 each, on the American plan, which includes three *table d'hôte* meals daily.

Historical Data

A recent visitor to National Office was pleased to secure a list of hospitals in Canada which established schools of nursing in 1890 or prior to that year and which to-day continue as approved schools of nursing. As this information might be appreciated by other members of the Canadian Nurses Association, a list of those hospitals with the year in which each school was established follows:

Province of Ontario:

Brantford General Hospital, Brantford	1886
Brockville General Hospital, Brockville	1890
Guelph General Hospital, Guelph	1888
Nicholls Hospital, Peterborough	1890
Mack Training School, General and Marine Hospital, St. Catharines	1873
Toronto General Hospital, Toronto	1881
Hospital for Sick Children, Toronto	1886

Province of Manitoba:

The Winnipeg General Hospital, Winnipeg	1887

Province of New Brunswick:

The Saint John General Hospital, Saint John	1888
Victoria Public Hospital, Fredericton	1887

Province of Nova Scotia:

Victoria General Hospital, Halifax	1890

Province of Prince Edward Island:

Prince Edward Island Hospital, Charlottetown	1890

Province of Quebec:

The Montreal General Hospital, Montreal	1890

Florence Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Manitoba:

A.A., Children's Hospital, Winnipeg	$10.00
A.A., St. Boniface Hospital, St. Boniface	25.00
Dauphin Graduate Nurses Association, Dauphin	8.00
Staff Nurses, Freemasons' Hospital, Morden	2.50
Staff Nurses, General Hospital, Neepawa	2.50
Staff Nurses, Ninette Sanatorium, Ninette	2.25
Victorian Order of Nurses	1.50

Ontario:

A.A., Port Arthur General Hospital, Port Arthur	1.00
A.A., Ottawa Civic Hospital, Ottawa	15.00
A.A., Stratford General Hospital, Stratford	10.00
A.A., St. Andrew's Hospital, Midland	5.00
A.A., St. Mary's Hospital, Kitchener	5.00
A.A., St. Michael's Hospital, Toronto	5.00
District 8, Registered Nurses Association of Ontario	15.00
District 9, Registered Nurses Association of Ontario	10.03
District 10, Registered Nurses Association of Ontario	10.00
Nurses, Mack Training School, St. Catharines	5.00
Nursing Staff, Cobourg General Hospital, Cobourg	5.00
Nursing Staff, Ontario Hospital, St. Thomas	20.07
Nursing Staff, Toronto Psychiatric Hospital, Toronto	4.00
Staff and Student Nurses, Ontario Hospital, New Toronto	7.00
Student Government Association, Brantford General Hospital, Brantford	5.00

Quebec:

A.A., Jeffery Hale's Hospital, Quebec	5.00

ANNUAL MEETING IN NEW BRUNSWICK

MAUDE E. RETALLICK

Secretary-Registrar, New Brunswick Association of Registered Nurses

The annual meeting of the New Brunswick Association of Registered Nurses was held October 17 and 18 in the provincial capital at Fredericton. The meeting was originally scheduled for September, but owing to the declaration of war postponement was advisable. However, in spite of the uncertainties and anxieties of the time, we may report a very successful meeting from the standpoints of interest and representative attendance. A cordial welcome was extended by Mayor Forbes and by the Rev. Harold Taylor, pastor of St. Andrew's Church. Greetings and good wishes for a successful meeting were received from Miss Grace M. Fairley, president of the Canadian Nurses Association, and from absent members of the provincial association.

In her presidential address, Mrs. G. E. van Dorsser, referred to the difficulties which must be faced in carrying on during another world war and spoke of the progress which has been made during the past year in more than one field of endeavour. The president concluded her remarks with a quotation from the broadcast addressed by Her Majesty Queen Mary to the women of the Empire and which contained a special message for nurses.

The Secretary-Treasurer-Registrar reported a paid-up membership of 685. To the great regret of the association, six members have died during the past year, one of them being Miss Ina Duncan who lost her life in the sinking of the *S.S. Athenia*.

Reference was made to the successful working of the new by-law concerning arrears in membership and the Treasurer's report showed a satisfactory bank balance. A comprehensive programme of school visiting was outlined for the coming year to be carried on under the direction of a special committee. The opening of a nursing school for Sisters only at the Hotel-Dieu Hospital, St. Basil, was also reported.

Miss Bertha Gregory presented the report of the legislation committee and stated that a new Registration Act was ready for presentation to the Provincial Legislature, also completely revised by-laws. The terms of the new Act were discussed in detail and the following measures approved: "Minimum entrance educational requirement for student nurses is to be Successful completion of High School (academic) course; Junior Matriculation Certificate, or the completion of a course of education recognized by the Superintendent of Education as being equivalent thereto." The Act is to be presented before the Corporations Committee of the Provincial Legislature in 1940 and the legislation committee is empowered to accept reasonable amendment or compromise in order to further passage of the new Act when presented.

Miss A. J. MacMaster, convener of the Scholarship Award Committee, announced the award of a scholarship to the value of $250. to Miss Mary E. Squibb, of Saint John, who is a graduate of the School of Nursing of the Saint John General Hospital. A motion was carried that a similar award be made in 1940. Miss Edna Dickson reported that the obligations of the Provincial Association to the Nightingale Memorial Committee had been met for the current year. Miss Lois Smith reported an increase in the number of subscribers to *The Canadian Nurse*. Her report was illustrated and emphasized by attractive wall charts.

The reports of the Provincial Chapters were as varied and as interesting as usual. It is through these Chapters that the younger members are reached, enlightened and interested in the objectives of the Provincial and National Associations.

A most enjoyable dinner meeting was held in the evening and the members were keenly interested in an address given by Mr. Donald MacLeod, plant pathologist at the Experimental Station, on "Virus disease in Humans and Plants." Further entertainment was provided by a motion picture

in technicolour of the Royal Visit to Fredericton.

The following morning, reports were presented by Rev. Sister Kerr, convener of the Nursing Education Section, and by Miss Myers, convener of the Committee on Instruction. These reports both stated that difficulty had been experienced in arranging meetings of the educational group owing to its scattered membership. The formation of a small executive group, consisting of the two conveners and two additional members, was authorized in order to facilitate more frequent meetings. The meeting also approved the inclusion of a paper in pediatrics as part of the registration examination. It was also decided to secure the co-operation of the Department of Public Health in preparing an outline of public health instruction for use in schools of nursing.

The report of the Public Health Section was presented by the convener, Miss A. A. Burns. Thirty-two public health nurses are now on duty in the Province, all with one exception in the cities or towns. The report of the Private Duty Section was presented by the convener, Miss M. E. Kay, who referred to the need of shorter hours and of the revision of the schedule of fees. The secretary, Miss M. E. Retallick, presented the report of the Joint Enrolment Committee showing that there is an enrolment of eighty nurses ready for active service. The committee appointed to study eight-hour duty for nurses is still seeking information by means of questionnaires relating to the establishment of shorter hours for student nurses. The following members constituted the personnel of the provincial committee on the History of Nursing in Canada: convener, Miss A. A. Burns; members, Mrs. W. S. Jones, Miss Murdoch, Sister St. Stanislaus.

The election of officers resulted as follows: President, Mrs. G. E. van Dorsser, Saint John; first vice-president, Miss A. J. MacMaster; second vice-president, Miss Marion Myers; honourary secretary, Rev. Sister Kenny; *Conveners of Committees*: Nursing Education Section, Rev. Sister Kerr; Public Health Section, Miss A. A. Burns; Private Duty Section, Miss Myrtle Kay; Legislation Committee, Miss Bertha L. Gregory; *The Canadian Nurse Committee*, Miss Lois Smith; *Councillors*: Miss Emma R. Trafton, Fredericton; Miss Sybil N. Everitt, Moncton; Miss B. M. Hadrill, Newcastle; Miss Helen Cahill, Saint John; Miss Reta Follis, and Miss Mabel McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock. Miss Maude E. Retallick was reappointed as Secretary-Treasurer-Registrar.

An invitation to hold the next annual meeting in Moncton was cordially accepted.

PATROL OF THE EASTERN ARCTIC

Health and living conditions of the Eskimos in Canada's northland are good, the population increasing, and the children vigorous. This is the report that has been received by the Minister of Mines and Resources from the Eastern Arctic Patrol which recently reached Halifax after a cruise of 10,660 miles through the ice-filled waters of the north on the R.M.S. *Nascopie*.

Members of the patrol included scientists and technical officers of the Dominion and Ontario governments, scientific observers from the United States and Great Britain, a detachment of Royal Canadian Mounted Police, and others interested in the Arctic region. The expedition called at 22 posts, where supplies and mail were distributed re-provisioning in all 49 posts and outposts, serving a population of 6,768. At each port of call medical officers made a careful check of the health of the natives, and administrative officers investigated economic aspects of the Arctic.

Hospitals maintained at Chesterfield and Pangnirtung were found to be filling a very essential need, and convalescent and industrial homes at these points were also operating very satisfactorily. Seal, and other native foods were plentiful, but the loss of many dogs through disease was a matter of concern both to native trappers and fur-traders.

Scientific investigations were made of lower forms of animal life on land and on shallow sea bottoms and live specimens secured. Information concerning the nesting and migration of ducks and geese was obtained and a study made of dental conditions among the Eskimos which it is hoped will assist in controlling dental disease among white races.

At the first murder trial ever held at Pangnirtung and the second on Baffin Island, the accused, an Eskimo charged with three murders, was adjudged insane, brought to Halifax and admitted to the Provincial Hospital for the insane at Dartmouth.

THE DAY OF REMEMBRANCE

The ceremonies held in Ottawa in honour of Armistice Day were extremely impressive because of the presence of the new army as well as the veterans. As in past years, representatives were in attendance from the national and local units of the Canadian Nurses Association, the women Members of the Canadian Legion, and the staffs and training schools of the Ottawa hospitals, who after assembling at the west entrance of the House of Commons, wended their way toward the Nurses Memorial. As the nurses filed in they formed a semi-circle around the Memorial, and Miss Smellie and Miss Anderson placed wreaths on behalf of the Overseas Nursing Sisters Association of Canada and the Canadian Nurses Association. The flowers were unusually beautiful this year and included wreaths from the Ottawa Unit of the O.N.S.A., the Women Members of the Legion, the various Alumnae Associations and others. The Rev. Logan-Vencta led in prayer and an address was given by Lt. Col. J. A. Linton, M.C., D.D.G.M.S. of the First Division, Department of National Defence, who referred eloquently to nursing in the early days in Canada and its progress throughout the years. The procession then went to Parliament Hill and stood directly facing the Cenotaph during the Armistice Day Ceremonies.

The Ottawa nurses were glad to have with them Matron Pense from Kingston, who with four other representatives of the various nursing groups remained beside the Nurses Memorial until Their Excellencies, the Governor-General and Lady Tweedsmuir returned from the service on the Hill, accompanied by the Prime Minister, the Right Honourable Mackenzie King. As they reached the Memorial all three paused reverently before it.

The Memorial seems more beautiful each year and one wished that nurses from all over Canada might have had a glimpse of it as it appeared on Remembrance Day morning, the base almost hidden by flowers, and grouped about it representatives of the various nursing services, some in uniform and others in civilian attire, all united in paying tribute to those who had gone before and looking toward the future with a realization of the increased responsibilities likely to be thrust upon us.

—E. L. S

A World View of Diabetes

Dr. Elliott P. Joslin of Boston, world-famous for his study of diabetes, has recently published a survey of this subject. He has found it necessary to teach the patient himself all he can learn about diabetes so that he can co-operate intelligently with his doctor in leading as long and healthy a life as possible. Leaflets, articles in the newspapers, and booklets are all useful, but they are not enough. Patients must also be taught by word of mouth and by demonstration in classes preferably in hospital. A short residence in hospital enables the patient to learn what to do to avoid death in diabetic coma. He also learns how to minimize the risks of acute and chronic infections.

Females are more subject to diabetes than males at all ages, and from the fifth decade onwards diabetes is twice as common in women as in men. Overweight is an important cause and, in Dr, Joslin's opinion, accounts for the notoriously high rate of diabetes among Jews who in general have been forced for centuries to live in the city and to take a less active part in physical work and thus have been more exposed to obesity. Tallying with this theory is the fact that, in the first two decades of life, diabetes does not appear to be more frequent in Jews than in non-Jews.

Heredity is a most important factor in determining the development of diabetes. When twins are homologous, not dissimilar, the odds are that if one develops diabetes the other will also do so. But though diabetes runs in families, Dr. Joslin has come to the conclusion that the prohibition of marriages within diabetic families is indefensible even though the chances of the progeny of such stock becoming diabetic are above the average. Thanks to the improved health assured to diabetics, the pregnancy and confinement of a diabetic woman may be happily uneventful.

What is the working capacity of diabetics? It is often excellent, and it should be encouraged, physical work in particular. Of course due precautions must be taken to suit the work to the diabetic's capacities, and employment must be avoided in which the hazards of an insulin reaction would involve the life of the diabetic and the lives of others. Diabetics should not become aviators, or motor drivers, or engine drivers.

The discovery of insulin has had a profound influence, but not yet profound enough, on the lives of diabetics, Dr. Joslin writes:

> The only real trouble with insulin has been that it has not been used enough. Diabetic patients die of coma chiefly because they do not get enough insulin; the mild diabetic becomes a moderate one, and the moderate one a severe one, because he does not get enough insulin.

The fact that insulin acts for only about eight hours militates against its usefulness; patients have often found it difficult to get their injections with sufficient frequency and regularity. This difficulty has been largely overcome by the discovery of protamine insulin which acts for twenty-four to forty-eight hours, and which has thereby enormously simplified the effective control of diabetes, and has greatly reduced the risk of fatal diabetic coma.

Before 1914, the mortality from diabetic coma among Dr. Joslin's patients was 64 per cent. Since that date the mortality from coma has greatly diminished, and between 1930 and 1936 it was only 6 per cent. Since 1923, not one of the more than three hundred diabetic doctors under Dr. Joslin's care

has died of diabetic coma — eloquent testimony to the truth of the saying that, with our present knowledge of diabetes, fatal diabetic coma is avoidable.

How long may the diabetic expect to live? In the pre-insulin period, diabetes ran a rapidly fatal course in children. Now, again according to Dr. Joslin, "the duration of life of diabetic children is inadequately known because so few die." At any rate a diabetic child can now expect to enter his forty-second year of life, and the expectation of life is still growing. Twenty years is a minimum estimate of the average duration of diabetes from onset to death for all patients developing the disease in 1938.

These are most reassuring, comforting words. But they apply only to the diabetic who takes his disease seriously and intelligently, who submits to certain restrictions in his mode of life faithfully, if not with a good grace.

The League of Red Cross Societies.

THE FOUNDER OF PSYCHO-ANALYSIS

In a recent issue of *The Winnipeg Free Press*, the life and work of Sigmund Freud is commented upon by Mr. Peter Hampton, of the department of psychology in the University of Manitoba. In view of the growing emphasis upon the psychological aspects of their work, nurses will be interested in the following excerpts from Mr. Hampton's tribute to the great scientist and fearless pioneer who died recently in London.

Freud had come to London only a year ago last June, an exile after the Nazis' annexation of Austria. His magnificent laboratory in Vienna and most of his personal effects were confiscated — for was he not a Jew? He was invited to come to London to continue his work, and so spent his last days among people who could appreciate his services to humanity. Born in 1856, at Freiberg, Moravia, he very early recognized what his goal in life was to be. Precocious and a hard worker, he completed his university career at an early age, and began to practise medicine in Vienna. To settle down to a steady medical practice was not what Freud really wanted, however. He wanted to do research work. The opportunity for this came in the person of the Viennese physician, Dr. Breuer, who had already done some research work and had succeeded in treating successfully a case of hysteria by using the hypnotic method. He immediately persuaded Dr. Breuer to collaborate with him in a further study of hysteria and so the two physicians set out to explore the then uncharted realm of the sub-conscious.

It was to be expected that Freud and Breuer would eventually part company in their researches. Breuer became more and more interested in the study of hysteria while Freud set out to ascertain the motives underlying human actions. In his attempt to find these he used the method of free association which he later elaborated into the method now known as psycho-analysis.

Freud set up his own school of thought in psychology in Vienna. He soon obtained a considerable following and devoted himself earnestly to the subject to which he remained faithful to the very end of his life. He won many converts to his beliefs but made enemies also. It must be said, however, that in spite of all the adverse criticisms which Freud's work has received, his doctrines in more or less modified form continue to make up part of contemporary psychological thought. According

to Freud, the fundamental motive behind all our action is the sex urge, although it may be so disguised that it is not recognized as such but because of social restrictions, is repressed into the realm of the sub-conscious where it continues its existence and becomes the cause of tormenting nervous disorders.

The cure for such disorders is usually found by bringing into the open the underlying urges of the individual. The psychoanalyst cross-examines the patient by asking him to divulge his dreams and other associations of thought. By means of this procedure the lost memories of the patient are recovered and the cause of the mental illness comes to light. The trouble is then discussed thoroughly by doctor and patient and frequently they arrive at a solution which makes it possible for the subject to face life with renewed confidence.

Freud performed an invaluable service to mankind in calling attention to the subconscious, where so much of our activity is motivated, and by ministering to those human ills which are chiefly mental in their origin.

BOOK REVIEWS

MICROBIOLOGY APPLIED TO NURSING, by JEAN BROADHURST, Ph.D., Professor of Bacteriology, Teachers College, Columbia University; and LEILA I. GIVEN, R.N., M.S., Professor of Nursing Education, and Director, Department of Nursing Education, South Dakota State College. Fourth edition revised. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. 634 pages and index. Illustrated. Price, $3.00.

Dr. Jean Broadhurst, professor of bacteriology, at Teachers College, Columbia University, a scientist of renown and always a sympathetic teacher who has known the problems of countless graduate nurses, and Miss Leila Given, a nurse and professor of nursing, wrote in 1930 the textbook entitled "Bacteriology, applied to Nursing." In a new fourth edition, this text has been revised this year and is now published under the title of "Microbiology, applied to Nursing" because the term "microbiology" expresses a truer classification of the microorganisms which need to be studied by the student nurse.

There is no wide-awake progressive educator today who does not sincerely acknowledge the nurse's need for exact and meaningful information about the world of microorganisms, their part in every day life and especially in the life of the body. The code of disease prevention; the maintenance of positive well being; freedom from groundless fears; the firm belief and conscientious participation in the warfare against disease; the habit of inquiry and reasoned conduct; all are the outcomes of such study and learning.

Definite scientific background is essential to any nursing service today. Wisely, this text-book begins by presenting for awakened thought concrete nursing situations involving one or more biologic principles. Consistently throughout the text, direct nursing application in both suggested and made.

The subject matter is chosen with the practical needs of the nurse in view, whether she be at the bedside, in the home or in the community. The material is organized into well defined units of study, each of which is introduced in an interesting pre-view by simply and clearly defined student objectives and by outlines of the content. With the student thus prepared, the illustrations are numerous, clear and helpful. Charts and graphs for summaries are present. The suggested laboratory or demonstration activities are carefully discussed and guided. In-

valuable study and test questions and reference readings are to be found at each chapter's close. The romance of the discovery of bacteria is not forgotten in the historical references and pictures which everywhere fill out the text.

To many groups of workers this textbook should prove of very great assistance. It will be useful to the young student of nursing without scientific training, and to the student of nursing with a broad scientific background it will serve as a guide. To the instructor whose preparation for assisting or directing the course in microbiology is not as adequate as she would wish, the suggested division and arrangement of material and the laboratory guidance will be very valuable. To the experienced instructor the additional new material and arrangement will be welcome. To any worker in the field of human environment, this up-to-date practical book will be of assistance and great individual help.

E. N. NAGLE,
Instructor, School of Nursing,
The Royal Victoria Hospital.

ESSENTIALS OF PEDIATRICS, by PHILIP C. JEANS, A.B., M.D., Professor of Pediatrics, State University of Iowa; and WINIFRED RAND, A.B., R.N., Specialist in Parental Education, Merrill-Palmer School, Detroit. Third edition, 521 pages. Illustrated. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. Price, $3.00.

This is the third edition of the book since its first appearance and has been revised to give greater emphasis to the growth and development of the infant and child and to include new knowledge about diseases and abnormalities of infants and children with the newer methods of treatment. The features which make this book important as a pediatric text for students, teachers and supervisors are firstly, emphasis is placed at the beginning of the book on the normal child, his growth, development, care and training. In non-specialized courses, instruction in these aspects is often not given. Every nurse should possess this knowledge, not only to be able to meet the demands of professional service, but also to meet the ordinary demands which may be made upon her because she is a woman. These chapters should give encouragement and help to those responsible for student instruction as well as to the students themselves.

Secondly, in the chapter entitled "Nursing the Sick Child", the authors have given due consideration to the child as an individual and to child, nurse and parent relationships. This is most important, for, to quote: "the success of the nurse, as a pediatric nurse, provided she has mastered her nursing skills, depends upon her ability to establish the right relationship with the child." Too often in our institutions this most important part of pediatric nursing is lost sight of in the rush of ward routine and the stress laid upon technics and assistance given to our doctors. Technics, of course are important. Technics, however, as learned in preliminary and undergraduate courses, can be easily adapted to children, providing the child accepts the nurse. Many graduate nurses cannot give good nursing care to children, because they have little or no knowledge or understanding of children, their natures and behaviour. One might wish that this chapter were even more extensive.

Thirdly, normal nutrition, breast and artificial feeding, receive full and detailed attention. This text, covering an important part of preventive pediatrics, should be easily understood by the student. Fourthly, the diseases and abnormalities of infants and children are clearly discussed from the point of view of new knowledge and new methods of treatment are included. Good illustrations throughout also help to make it a valuable text book for all who are interested in this branch of medicine and nursing.

MADELEINE FLANDER,
Instructress of Nurses,
Children's Memorial Hospital, Montreal

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The regular meeting of the Vancouver Graduate Nurses Association was held recently at the Vancouver General Hospital. During the business session a resolution was passed to permit the formation, on a small scale, of a Nursing Bureau for the registration of a limited number of nursing attendants to work under the supervision of the Victorian Order of Nurses. A short talk on Antacids as used in the treatment of gastric conditions was given by Miss Frances McQuarrie. The speaker of the evening was Miss Geraldine Homfray, recently returned from Tennessee, who presented an interesting address on "Impressions of the South".

Vancouver General Hospital:

The Alumnae Association of the Vancouver General Hospital has planned an educational programme for the fall, consisting of a course of six weekly lectures on first-aid by Dr. Roy Huggard. These are open to all graduate nurses in the city; the first lecture was given on November 1, with a large attendance.

Married: Recently, Miss Dorothy Geraldine Olmstead (Vancouver General Hospital and U.B.C., 1927) to Mr. Richard William Callon.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting at the General Hospital with fifty members present. Mrs. J. Sills and Mrs. L. Hannah brought reports from the organization meeting of the Red Cross branch in Brandon, and Mrs. L. Hannah was appointed official representative from the Association to the Red Cross organization of Brandon. All members were urged to be prepared to take part in the Red Cross drive and a quantity of knitting wool for socks was given out.

Mrs J. Sills introduced the guest speaker, Miss T. Campbell, who gave a most interesting talk on her experiences during the past year spent in England, also of the places visited on the continent. Mrs. Perdue moved a vote of thanks to Miss Campbell. A social hour concluded the evening.

NEW BRUNSWICK

MONCTON:

The regular meeting of the Moncton Chapter of the N.B.A.R.N. was held at the Moncton Hospital recently with the president, Miss Emma Honeywell, in the chair. It was decided to renew the subscriptions for *The Canadian Nurse* magazine for the student nurses of the Moncton Hospital and the Hotel-Dieu. A very interesting talk about her personal experiences in district nursing in Newfoundland was given by Miss Edna Trerice, a member of the Class of 1935 of the Moncton Hospital. A number of the members of the Local Chapter attended the annual meeting of the N.B.A. R.N. in Fredericton.

The election of the officers of the Local Chapter resulted as follows: president, Miss Ethel Hillyard; first vice-president, Miss Emma Honeywell; treasurer, Mrs. Pelletier; secretary, Miss Rhoda Anderson; private duty convener, Miss Mary Edgecombe; *The Canadian Nurse*, Miss Myrtle Kay.

ST. STEPHEN:

At a recent meeting of the Local Chapter, N.B.A.R.N., a lecture on diabetes was given by Dr. H. S. Everett which was instructive and interesting. Previous to the lecture a basket supper was served, with Dr. and Mrs. Everett as guests. A complete report of the proceedings of the annual meeting of the N.B.A.R.N., held in Fredericton early in October, was read by Miss J. M. Dunbar, who attended as an official delegate.

Miss J. M. Dunbar, Mrs. Herman Lawrence and Mrs. Cedric Dinsmore, have been at home to the nurses who are knitting for the Red Cross Society on different evenings during the past month. Much work was accomplished while enjoying the hospitality extended by the hostesses.

Married: Recently, Miss Bertha Gale to Mr. Allan Mallory.

Married: Recently, Miss Eileen O'Brien to Mr. Leonard Wilcox.

NOVA SCOTIA

HALIFAX BRANCH, R.N.A.N.S.:

The Halifax Branch of the Registered Nurses Association of Nova Scotia recently held its first meeting of the season at the Dalhousie Health Clinic. Following a short business session, the members were given an interesting and instructive talk on "Chemical Warfare", by Major G. R. Burns.

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Valley Branch, R.N.A.N.S.:

The October meeting of the Valley Branch was held at the Berwick Hospital where the members were entertained by Miss A. Foster and her staff. It was most encouraging to have such a large attendance. After the business meeting, a Hallowe'en party was much enjoyed.

Halifax Infirmary:

Miss Lillian Grady has recently returned from St. Louis where she received the degree of B.Sc. in Nursing Education from the University of St. Louis. She is now instructor of nurses at the Halifax Infirmary.

Sister Agnes Gerard, B.Sc., has also completed a course in medical technology and was awarded a Mary MacNicholis Science Lamp from the same University.

Children's Hospital:

Miss Ellen Hugill, B.Sc., has been appointed to the teaching staff of the School of Nursing of the Children's Hospital. She is a graduate of the University of Alberta with the degree of B.Sc. in Nursing and has also taken a postgraduate course at the McGill School for Graduate Nurses.

Miss Muriel Davis (H.C.H., 1938) has been appointed to the staff of the Hospital for Infectious Diseases, Halifax. Miss Marie Grant (H.C.H., 1938) has registered for the course in health nursing at the School for Graduate Nurses, McGill University.

Miss Lillian Nickerson (H.C.H., 1938) is at present doing postgraduate work in operating room technique at Johns Hopkins Hospital, Baltimore.

Miss Isabel Morton (H.C.H., 1933) has been granted a year's leave of absence from the Staff of the N. S. Sanitorium and is taking a postgraduate course in Public Health at the School of Nursing of the University of Toronto.

Married: Recently, Miss Margaret MacLeod (H.C.H.) to Mr. Donald Crowdis.

Married: Recently, Miss Kathleen Oxner (H.C.H.) to Captain Walter Clay.

Married: Recently, Miss Rosamund Shaffner (H.C.H.) to Mr. Charles Piper, R.N.

Married: Recently, Miss Dorothy Daken (Regina General Hospital, and formerly of N. S. Sanitorium staff) to Mr. Reginald Peggott.

Married: Recently, Miss Catherine MacQuarrie (Yarmouth Hospital, and formerly of the N. S. Sanitorium staff) to Mr. Thomas Boyle.

ONTARIO

District 1

Sarnia:

Sarnia General Hospital:

At the annual meeting of the Alumnae Association of the Sarnia General Hospital, which was held recently, a very enjoyable "pot-luck" supper was served in the dining room of the hospital. There was a good attendance of former graduates. The election of officers for the year 1940 took place and arrangements were made to continue with the monthly study club. Miss McPhedran gave a very interesting paper on newer drugs.

Married: Recently, Miss Jean MacKinlay (S.G.H., 1938) to Mr. Thomas Huggins.

Married: Recently, Miss Aileen Bradley (S.G.H., 1937) to Mr. Kenneth Oliver.

Married: Recently, Miss Alma Wilson (S.G.H., 1931) to Mr. Edward Grosvenor.

Districts 2 and 3

Kitchener:

St. Mary's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Mary's Hospital, Kitchener, Ontario: Honourary President, Rev. Sr. M. Gerrard; president, Miss F. McKenzie; vice-president, Miss E. Disch; recording secretary, Mrs. Nellie Schmidt; treasurer, Miss R. Massel; corresponding secretary, Miss H. Stumpf, 67 Menno Street, Waterloo, Ontario.

District 4

Hamilton:

Hamilton General Hospital:

Miss Edna Bell, of the nursing staff of the department of public health in Hamilton, has been granted leave of absence and is taking a course in public health nursing at the School of Nursing of the University of Toronto.

Recent additions to the staff of the Public Health Department are Miss Edith Orchard, Miss Dorothy Marshall (School of Nursing, University of Toronto, public health nursing) and Miss Marjorie Kendall (School for Graduate Nurses, McGill University).

Miss Stafford (H.G.H. and School of Nursing, University of Toronto, public health nursing) has been appointed public health nurse in Dundas. Miss O. Whalley and Miss Irene McEwen of Mount Hamil-

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Correction

In a review of Reed and Cooley's "Textbook of Obstetrics", which appeared in the November issue of *The Canadian Nurse*, a clerical error was made concerning its cost. The price of this book is $3.25 and it is published by the C. V. Mosby Company; Canadian Agents: McAinsh & Co. Limited, Toronto.

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ton Hospital staff, are taking a course in public health nursing at the School of Nursing of the University of Toronto. Miss Elspeth Turner (School of Nursing, University of Toronto, public health nursing) has joined the staff of the Victorian Order of Nurses in Hamilton.

Miss Viola Phillips has been granted leave of absence from the Hamilton General Hospital and is taking postgraduate work at the Children's Hospital in Boston. Miss Anne McMillen (H.G.H., 1931) formerly of the social service department, Hamilton General Hospital, is now doing industrial nursing with the Zephyr Knit Textile Company of Guelph.

Miss Adelaide Munro (Winnipeg General Hospital) and formerly on the staff of the Nicholls Hospital, Peterboro, was recently appointed instructress of nurses at the Hamilton General Hospital, succeeding Miss Gosnell who resigned to be married.

Married: Recently, Miss Aileen Strachan (H.G.H.) to Mr. Ralph Norrd,

Married: Recently, Miss Margaret Gosnell to Mr. Irving Smith.

HAMILTON:

The Private Duty Section of District 4 wishes to remind the nurses that their meetings have started and will be held every first Thursday of every second month. The next meeting will be on December 7 at 8 p.m. Dr. R. T. Weaver will be the speaker of the evening.

More than three hundred guests attended St. Joseph's student nurses' annual bridge at Undermount. Prizes were won by Mrs. Beck, Mrs. Osbaldeston, Miss E. Goettler and Miss Barnes. The student nurses also presented Miss I. Hennessey with the president's pin. In charge were Miss Hennessey, president of the student body, Miss D. Smith, vice-president, and the committee including Misses I. Hart, P. McBride, K. Sheppard, M. McDougall, E. Laing, and H. Bodenistal.

Married: Recently, Miss Eva Wooden (St. Joseph's Hospital) to Mr. Sidorkewicz.

DISTRICT 5

TORONTO:

Toronto East General Hospital:

A meeting of the Alumnae Association of Toronto East General and Orthopaedic hospitals was held on October 10. An auxiliary to the Alumnae was formed for the purpose of assisting the Red Cross Society in their work. Plans were made for the Annual Reunion Dinner of the Association. The Association also decided to resume its bowling activities, which proved to be a very enjoyable part of last year's recreational programme. Two of our members, Miss Betty Reed and Miss Betty Gibson, are now on the staff of the Christie St. Hospital.

St. Joseph's Hospital:

The annual meeting of the Alumnae Association of St. Joseph's Hospital, Toronto, was held recently. The following new officers and executive committee were elected to serve for the coming year: Honourary President, Rev. Sr. M. Electa; president, Miss A. Hyland; first vice-president, Miss C. Pearson; second vice-president, Miss P. Quigley; recording secretary, Miss T. Hushin; corresponding secretary, Mrs. J. R. DeLorey; treasurer, Miss M. Heydon;

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Married: Recently, Miss Elsie Hayward (Wellesley Hospital, Toronto) to Flight Lieut. Gerald Saunders.

District 6

BELLEVILLE:

The Registered Nurses Association of District 6, R.N.A.O., held its annual meeting in the Ritchie Memorial Residence on October 20 and about forty nurses from Peterborough, Cobourg and Belleville attended. Miss Hilda M. Collier, chairman of the district presided, and after the business meeting Dr. Lind, who has recently returned from China, gave an instructive talk on the Chinese customs and medicine, illustrating it with an interesting movie reel. Refreshments were served by the staff of the Belleville General Hospital. Miss Ruth Thompson, director of nursing, and Miss L. Bertram, chairman of Chapter A, presided at the tea table.

The regular monthly meeting of Chapter A, District 6, R.N.A.O., was held on October 24 in the nurses residence of the Mary Ritchie Hall. Miss Bertram was in the chair and a short business meeting and re-election of officers for the coming year took place. A discussion of the type of programme for the meeting was continued and it was decided to have each section responsible for a speaker for one meeting in turn. It was moved that the next meeting be held as a social evening, inviting all married nurses as guests.

A regular monthly meeting of Chapter C, District 6, R.N.A.O., was held recently at St. Joseph's Hospital. A discussion took place as to the registration of all those hired to nurse the sick. Miss Vickers then explained the registration for service in war and disaster in the Red Cross Society. Dr. Snider gave a most interesting address on endocrinology.

District 7

KINGSTON:

Kingston General Hospital:

Married: On September 29, 1939, Miss Eleanor Manetta Bimm (K.G.H., 1929) to Mr. Robert Ross Saddington.

Married: On October 6, 1939, Miss Norma J. Mylks (K.G.H., 1938) to Mr. Thomas King Whitney.

Married: On October 14, 1939, Miss Ella Rodgers (K.G.H., 1938) to Mr. Charles Jessop.

Married: On October 19, 1939, Miss Adele Horton (K.G.H., 1938) to Mr. Albert J. Abbott.

Married: On October 27, 1939, Miss Lorna Blanche Dougall (K.G.H., 1935) to Mr. Howard Ball.

District 8

OTTAWA:

A general meeting of District 8, R.N.A.O., was held at the Ottawa General Hospital on October 17, with Miss Molly Black in the chair. Reports were read from the various sections and from the Cornwall and Pembroke Chapters, after which Miss V. Belier spoke on enrolment of nurses for war service. An outstanding exhibit entitled "Bytown had its Hospital", together with a paper read by Rev. Sister Françoise, traced the development of the Ottawa General Hospital from its early days in a tent to the present modern institution. Rev. Sis-

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ter St. Urgel gave a most interesting and instructive address on "What is basal metabolism and electrocardiography?" *The Canadian Nurse* was in the capable hands of Miss Hattie Tanner and, in brief biographies of the Provincial Executive, Miss E. Rogers extended her series from the National Executive. At the evening meeting Miss M. Stevenson of the Royal Ottawa Sanatorium read a paper on developments in occupational therapy and Dr. George Williamson spoke on allergy and its fundamental principles and definitions.

St. Luke's Hospital:

A meeting of the St. Luke's Hospital Alumnae Association was held recently at the home of Mrs. Powers. Mrs. W. Johnston occupied the chair. Plans were made for a bridge party. Miss Diane Brown, who has accepted a position at the Metropolitan Sanatorium in Mount McGregor, N. Y. was presented with a beautiful gold compact. Arrangements were made for Mrs. Jones, an overseas nursing sister, to lay the wreath on the Cenotaph at the ceremony on Armistice Day.

Married: Recently, Miss Marjorie M. Courtney (O.C.H., 1934) to Dr. A. W. Salter.

Married: Recently, Miss Frances C. Strader (O.C.H., 1935) to Mr. V. R. Riley.

Married: Recently, Miss M. Minden Porter (O.C.H., 1933) to Mr. Watson Balharrie.

Married: Recently, Miss Florence M. Simpson (O.C.H., 1932) to Mr. Frederick Ing.

Married: Recently, Miss Florine E. Robinson (O.C.H., 1931) to Mr. Vaughn S. Logan.

Married: Recently, Miss Buella K. Jones (O.C.H., 1939) to Mr. Thomas McShane.

CORNWALL:

A meeting of the Cornwall Chapter, District 8, R.N.A.O., was held at the Cornwall General Hospital on October 16. Thirty-six members and six visitors were present. Miss Rowe lead a discussion on the research of tuberculosis among graduate nurses not attached to institutions. Miss Mollie Black, chairman of the district, told what preparations were already made for the Provincial Meeting to be held in Ottawa in March, and the part Cornwall was expected to play. Dr. Bateman read a paper on "Some of the Newer Drugs" prepared by Dr. Lorne Caldwell.

PEMBROKE:

A meeting of the Pembroke Chapter of District 8, R.N.A.O., was held on October 27, at the Cottage Hospital. Rev. Sister Mary Evangeline occupied the chair and about sixty members were present including Miss Mollie Black, chairman of District 8, and other members from Ottawa and Renfrew. The programme was excellent and varied, which included the following papers: Tuberculosis, by Mrs. H. H. Wallace, school nurse; occupational therapy, by Miss Marjory Stevenson of the Royal Ottawa Sanatorium; newer drugs, by Dr. E. T. Wood of Westmeath. Coloured motion pictures were also shown by Mr. Petrie.

DISTRICT 10

PORT ARTHUR:

The regular meeting of District 10, R.N.A.O., was held recently at the Port Arthur General Hospital. Following the business meeting, a "Questionnaire Conversation" on *The Canadian Nurse* was given by Miss C. Way-White, who is the district representative for the *Journal*. Miss Edna

Howey, supervisor of Public Health Nurses, was the speaker of the evening and gave a very entertaining talk on her year in post-graduate work at Bedford College in London. The chairman, Miss D. Adams, presided and a social hour was enjoyed at the close of the meeting.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

At the November meeting of the Alumnae Association Dr. G. Edward Tremble spoke on diseases of the larynx and illustrated his talk with coloured moving pictures. As an added attraction Dr. Tremble showed a coloured film of the Royal visit to Montreal.

Miss Ida McKay (R.V.H., 1933) has joined the British Red Cross and is at No. 13 General Hospital in the south of England.

Miss Helen Hayes (R.V.H., 1938) is in charge of the operating room of the Colchester County Hospital, Truro, N. S.

Miss Etta Jones (R.V.H., 1928) has joined the operating room staff at the Shriners Hospital, Montreal.

Miss Margaret Desborough and Miss Frances White (R.V.H., 1938) are taking postgraduate courses at the Laurentian Sanatorium, Ste. Agathe des Monts, Quebec.

Miss Katharine MacLennan (R.V.H., 1930) has been appointed supervisor of nurses of the Provincial Sanitorium, Charlottetown, P.E.I.

Married: On October 5, 1939, Miss Helen Mills (R.V.H., 1933) to Dr. Ralph Mitchell.

Married: On October 27, 1939, Miss Alma Wishart (R.V.H., 1936) to Mr. William Sadler.

School for Graduate Nurses, McGill University:

Misses Elaine Corbett, Dorothy Cotton, Georgie Byers, Lucille McAllister (Public Health, 1939) have recently been appointed to the staff of the Victorian Order of Nurses for Canada.

Miss Marjorie Kendall (Public Health, 1939) has recently been appointed to the Department of Health in Hamilton, Ontario.

Miss Jeannine Coupal (Public Health, 1939) has recently been appointed to the nursing staff of the Metropolitan Life Insurance Company in Montreal.

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Miss Clara Aitkenhead (Teaching and Supervision, 1939) has recently been appointed instructor at the Homoeopathic Hospital, Montreal.

Miss Ellen Hugill (Teaching and Supervision, 1939) has recently been appointed instructor at the Children's Hospital, Halifax.

Miss May Reid (Teaching and Supervision, 1939) has recently been appointed instructor at St. Paul's Hospital, Saskatoon.

Miss Dorothy King (Teaching and Supervision, 1938) a member of the staff of the Regina General Hospital, is now instructor at City Hospital at Saskatoon.

Miss Rita Brooks (Public Health, 1930) has returned from Columbia University where she obtained her B.Sc.

Miss Adelaide Haggart (Teaching and Supervision, 1938) has recently been appointed surgical supervisor at the Oshawa General Hospital.

Montreal General Hospital:

Married: On October 7, 1939, Miss Vera R. Blandford (M.G.H., 1934) to Mr. George H. German.

Married: On October 9, 1939, Miss Amy B. Michaels (M.G.H., 1935) to Dr. Frederick H. Scharles.

Married: On October 16, 1939, Miss Jean I. Paxton (M.G.H., 1938) to Mr. Frederick K. Richan.

Married: On October 21, 1939, Miss Fanny W. Steele (M.G.H., 1931) to Mr. George Watchorn.

Married: On November 1, 1939, Miss Jessie L. Case (M.G.H., 1936) to Mr. Frederick W. Crowley.

Married: On October 24, 1939, Miss Caroline B. Jamieson (M.G.H., 1937) to Mr. Clarence A. Knight.

OBITUARY

CARRIE B. CASTLEMAN died in Vancouver, British Columbia, on September 28, 1939. Miss Castleman was a graduate of the Epworth Training School, South Bend, Indiana, U.S.A., and practised her profession for many years in Vancouver with a great deal of success.

Official Directory

International Council of Nurses
Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) To be appointed.

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

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A.A., University of Alberta Hospital, Edmonton

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. . . OFF . . . DUTY . . .

This is the time of the year . . . when there is much furtive tying up of parcels . . . Gay tissue paper . . . and glittering silver stars . . . adorn mysterious bundles . . . bearing the stern admonition . . . "Not to be opened until Christmas" . . . Small boys develop . . . an unseemly curiosity . . . concerning the contents . . . of the old tin trunk . . . in the basement . . . and father is told . . . that the top shelf . . . in the clothes closet . . . is out of bounds for him . . . All this stir and bustle . . . warn us that we too . . . must be up and doing . . . and we think with envy . . . about a friend of ours . . . who has the happy faculty . . . of always giving the right gift . . . to the right person . . . From a cluttered counter . . . displaying the repulsive sign . . . "Reduced for clearance" . . . she will seize . . . with unerring instinct . . . upon a good briar pipe . . . for Uncle James . . . and from a heap of crumpled handkerchiefs . . . she will fish out . . . a frivolous chiffon trifle . . . that goes beautifully with Aunt Mary's dinner dress . . . Instead of presenting grandfather . . . with a dismal pair of slippers . . . much too big for him . . . she delights the old gentleman . . . with a snappy white muffler . . . discreetly adorned in one corner . . . by a Scottie embroidered in black wool . . . The silk stockings . . . she distributes to grateful recipients . . . are invariably the right size . . . and the right shade . . . Armed with a sharp pair of scissors . . . plenty of blue and silver paper . . . tinsel cord and cellophane . . . the clever fingers . . . fold and twist and tie . . . No bulging corners . . . no uneven edges . . . no knotted string . . . no illegible addresses . . . She never loses her Christmas list . . . or misses the overseas mail . . . Her neat parcels . . . never disconcert the postal authorities . . . by coming undone . . . and spilling out . . . sticky jam or crumbling cookies . . . to the detriment of His Majesty's mailbags . . . She never has to stand in line . . . at the post-office wicket . . . but goes early in the morning . . . before the crowd arrives . . . She knows how many stamps she wants . . . and gets them . . . without driving the clerk to frenzy . . . or keeping twenty-five people waiting . . . while she decides . . . between the relative merits . . . of three twos . . . and two threes . . . On Christmas Eve . . . when we are desperately scribbling . . . incoherent last-minute messages . . . to tuck into our untidy little packages . . . she will be watching . . . the flickering candles . . . in the Cathedral . . . and quietly waiting . . . for the carol singers to begin . . . "O, come all ye faithful" . . . E. J.

THE CANADIAN NURSE

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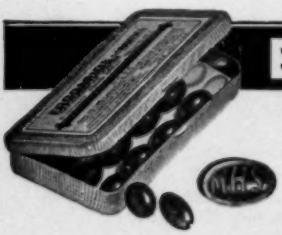

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